

Notarized Statement of Earnings and Unemployment Compensation
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*****This form should be completed by the employee, notarized, and returned to the agency*****

Employee Name: _____

Employee Social Security Number: _____

To Whom It May Concern:

By my signature, I certify the following (please check the appropriate statement):

☐

I did not receive any form of compensation or unemployment during the period of termination/leave without pay.

☐

I received wages in the amount of \$_____ and unemployment compensation in the amount of \$_____, for a total of \$_____ during the period of termination/leave without pay.

Note: The amount of Unemployment Compensation paid will be verified with the Employment Security Commission.

Employee Signature

Date

Witnessed before me this _____

day of _____, _____.

My Commission expires _____

(Notary Signature)